



IAPI Rec'd PCT/PTO 21 AUG 2006  
Attorney's Docket No.: 20674-003US1 / U2004-0001

POT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Van.Ginkel, et al.  
Serial No. : 10/578,939  
Filed : May 9, 2006  
Title : COMPOSITIONS FOR REDUCING BACTERIAL CARRIAGE AND CNS  
INVASION AND METHODS OF USING SAME

**MAIL STOP MISSING PARTS**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

SUBMISSION OF DECLARATION BY THE INVENTOR

This application was filed without a declaration signed by the inventors. In order to complete this application, applicants submit herewith an executed Declaration by all inventors. Please charge the required fee of \$65.00 for late filing of the declaration to Deposit Account No. 06-1050. Please apply any charges or credits to Deposit Account No. 06-1050.

Respectfully submitted,

Date: August 17, 2006

Tina Williams McKeon  
Reg. No. 43,791

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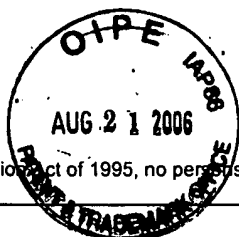
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Signature

Christy Farmer  
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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/578,939
Filing Date	May 9, 2006
First Named Inventor	Van Ginkel, et al.
Group Art Unit	
Examiner Name	
Attorney Docket Number	20674-003US1

Total Number of Pages in this Submission

9

## ENCLOSURES (check all that apply)

☒ Fee Transmittal Form☐ Fee Attached☐ Amendment / Response☐ After Final☐ Affidavits/declaration(s)☐ Extension of Time Request☐ Express Abandonment Request☐ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Response to Missing Parts/  
Incomplete Application☐ Response to Missing  
Parts under 37 CFR  
1.52 or 1.53☐ Assignment Papers  
(for an Application)☐ Drawings☐ Licensing-related Papers☐ Petition Routing Slip (PTO/SB/69)  
and accompanying Petition☐ Petition to Convert to a  
Provisional Application☐ Power of Attorney, Revocation  
Change of Correspondence  
Address☐ Terminal Disclaimer☐ Small Entity Statement☐ Request for Refund☐ After Allowance Communication  
to Group☐ Appeal Communication to Board  
of Appeals and interferences☐ Appeal Communication to Group  
(Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☒ Additional Enclosure(s)  
(please identify below):Submission of Declaration by the  
Inventor; Declaration

Remarks

## SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

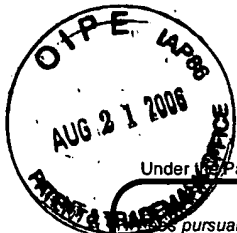
Firm or Individual name	Tina Williams McKeon		
Signature			
Date	August 17, 2006		

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Name (Print/Type)	Christy Farmer		
Signature		Date	August 17, 2006

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PTO/SB/17 (07-06)

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Effective on 12/08/2004.

pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)

**Complete if Known**

Application Number	10/578,939
Filing Date	May 9, 2006
First Named Inventor	Van Ginkel, et al.
Examiner Name	
Art Unit	
Attorney Docket No.	20674-003US1

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 06-1050 Deposit Account Name: Fish & Richardson PC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

- 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Late filing fee for Declaration

Fees Paid (\$)

130.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 43,791	Telephone 404 942-2747
Name (Print/Type)	Tina Williams McKeon		Date August 17, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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